

reports from different laboratories be of value. This would do away with the frequent repetition of blood tests to add to the greater confusion of the attending physician, with the consequent expense to the patient who in many instances is ill able to afford this.

This could ultimately be extended to other tests, but at the present time the crying need for exact knowledge on this subject could be met to the gratification of both patient and physician alike.

#### THE PAYING OF THE OLD MORTGAGE ON ST. LUKE'S HOSPITAL.

Some five years ago St. Luke's Hospital was changed from an institution occupying some old and shabby wooden buildings to one housed in a modern hospital building, with a modern hospital equipment. This was a great step forward, and was made possible by gifts by Mrs. Louis F. Monteagle, Mrs. Whitelaw Reid and Mr. Ogden Mills. The donations, however, carried no endowment, and the type of the hospital did not change; its revenue continuing to come chiefly from the board-money of the patients. Moreover, the hospital was carrying a mortgage, incurred in 1902 to permit the erection of a surgical pavilion, which was quite wrecked by the earthquake, and the asking for endowment while the indebtedness existed was found to be impossible. The original sum borrowed had been \$50,000.00, and this had been reduced by 1910 to \$32,000.00 by payments from hospital earnings, but there it stuck, and the interest charges were a heavy burden on the hospital resources, and stood in the way of much development that was sorely needed. The total amount of interest paid had, in fact, amounted to more than the final amount of the mortgage; that is, more than \$32,000.00. The result, therefore, was that the hospital was working for a bank instead of for the church.

Realizing that a hospital run for revenue was not the type of a church hospital, nor the kind the donors of this were really interested in, they started a subscription—themselves again giving large sums—and have paid off the entire amount. The subscribers were: Mrs. Louis F. Monteagle, Mrs. Whitelaw Reid, Mr. Ogden Mills, Mr. William H. Crocker, Mr. George Pope, Mr. W. B. Bourn, Mrs. William H. Crocker, and Mr. Louis F. Monteagle.

St. Luke's Hospital now stands clear of any debt, every cent earned by it or given to it going for support or betterment, and endowment can be asked, so that in time half the beds in the hospital shall be free, and that charity, which is the Church's only excuse for having a hospital, shall be easily possible.

This will put the hospital in the same class with other hospitals of the same name in other cities of the United States, and make it one which shall be productive medically, and so contributory to medicine, as well as the almoner of the Protestant Episcopal Church in America.

#### STATUTE OF LIMITATIONS.

Referring to an editorial in the September issue, headed "Careless Doctors," a correspondent writes for an explanation of the apparent conflict in the matter of the running of the statute of limitations. Under the Industrial Accident Law the physician's claims must be presented within six months or be outlawed. Under the code, an open or book account does not outlaw for four years. Our correspondent wishes an explanation of this apparently anomalous condition. The explanation is simple. The constitutional amendment and the act of the legislature creating the Industrial Accident Commission and outlining its jurisdiction and its activities, took the whole subject out of the range of the general law, or the code of California, and placed it in the hands of the Commission. All those code provisions and general laws which otherwise apply to such things, do not apply when they come within the territory of the Workmen's Compensation Act. Moreover, by the constitutional amendment and by this act, the courts of the state are prohibited from having any voice in any matters arising under this law, except on the one point of a review of the acts of the Commission to determine whether they have acted within or without the authority and the limitations of the act itself. This is one reason why, owing to the absolutely new condition of things, many differences in rulings and many complications have arisen, are arising, and necessarily will continue to arise for some time to come.

#### BRIEF FOR HEALTH INSURANCE.

A death rate for American wage-earners twice that of professional men; the prevalency of high sickness rates; the need among workers of better medical care and of a systematic method of meeting the wage loss incident to sickness; and the necessity for more active work in the prevention of disease, are the corner-stones of the case for compulsory health insurance presented in the brief just published in New York by the American Association for Labor Legislation. This situation, it is pointed out, cannot be met fully by existing agencies, and can only be properly remedied by a system of health insurance embracing all wage-earners and dividing the cost among employee, employer and the state.

The great amount of sickness in the homes of the poor causes an average loss by each wage-earner of nine days a year, and involves annually a national wage loss of approximately \$500,000,000. Notwithstanding the greater prevalency of tuberculosis among wage-earners, their early susceptibility to the degenerative diseases of middle life, and the excessive death rate among the industrial population, workers often are unable to secure the medical attention they require. In Rochester, New York, it was found that 39 per cent. of the sickness cases were not under a doctor's supervision; in a city like Boston, Massachusetts, one-fourth of the population, it is estimated, are unable to pay the fees of a private physician.

The lowered vitality and the poverty created by